

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Office of Quality Assurance and Improvement*



***QUALITY SERVICE REVIEW***

**Report for**

***Greater Nashua Mental Health Center***

May 16, 2018

Quality Service Review Report  
for Greater Nashua Mental Health Center

NH Department of Health and Human Services  
Office of Quality Assurance and Improvement  
Bureau of Quality Management

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**Disclaimer**

Enhancements were made to the QSR instruments and scoring protocol prior to conducting this QSR, hence, the results contained in this report are not comparable to those in the prior year's QSR reports and have some variations to the prior QSR report.

## ***Acknowledgements***

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The Department of Health and Human Services, Office of Quality Assurance and Improvement (OQAI) acknowledges the significant effort the Greater Nashua Mental Health Center staff made in order to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success. OQAI also thanks the CMHC QSR review team, which included staff from OQAI and the Division of Behavioral Health.

## ***Table of Contents***

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Acronyms .....	i
Executive Summary .....	i
I. Background .....	1
II. Purpose .....	2
III. QSR Process Overview .....	3
IV. QSR Methodology .....	3
V. Greater Nashua Mental Health Center QSR Findings .....	8
VI. Conclusions .....	37
VII. Areas in Need of Improvement .....	45
VIII. Next Steps .....	45
IX. Addendum .....	46
References .....	47
Appendices .....	

## ***Acronyms***

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ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMXHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
DBH	Division for Behavioral Health
GNMHC	Greater Nashua Mental Health Center
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OCR	Overall Client Review
OQAI	Office of Quality Assurance and Improvement
QIP	Quality Improvement Plan
QSR	Quality Service Review
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

## ***Executive Summary***

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The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a Quality Service Review (QSR) process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following substantive provisions of the Community Mental Health Agreement (CMHA): crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions from inpatient psychiatric facilities, and to evaluate the CMHC's achievement of the intended outcomes of the CMHA. The state is required to conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, OQAI developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 Quality Indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted the CMHC QSR at Greater Nashua Mental Health Center (GNMHC) from February 12 through February 16, 2018. The GNMHC QSR sample included 18 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning.

Assessment data was collected for each individual for the period of February 1, 2017 through February 11, 2018. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

GNMHC received a score of 70% or greater for 13 of the 18 quality indicators. The following five quality indicators were identified as areas in need of improvement:

Quality Indicator 8: Adequacy of employment assessment/screening, Indicator 9: Appropriateness of employment treatment planning, Indicator 10: Adequacy of individual employment service delivery, Indicator 13: Adequacy of Crisis Assessment, and Indicator 17: Implementation of High Fidelity ACT Services.

GNMHC is required to submit a Quality Improvement Plan to DHHS for each of the three quality indicators identified as needing improvement.

**Table 1: Greater Nashua Mental Health Center QSR Summary Results**

Quality Indicator	Number of Individuals Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	18	93%	No	4
2. Appropriateness of treatment planning	18	72%	No	3
3. Adequacy of individual service delivery	18	79%	No	6
4. Adequacy of housing assessment	18	100%	No	1
5. Appropriateness of housing treatment planning	18	94%	No	1
6. Adequacy of individual housing service delivery	18	82%	No	3
7. Effectiveness of the housing supports provided	18	72%	No	5
8. Adequacy of employment assessment/screening	18	31%	Yes	2
9. Appropriateness of employment treatment planning	*13	62%	Yes	1
10. Adequacy of individualized employment service delivery	*14	57%	Yes	2
11. Adequacy of assessment of social and community integration needs	18	100%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	*17	75%	No	13
13. Adequacy of crisis assessment	*9	36%	Yes	4
14. Appropriateness of crisis plans	18	81%	No	2
15. Comprehensive and effective crisis service delivery	*6	75%	No	5
16. Adequacy of ACT screening	18	78%	No	2
17. Implementation of High Fidelity ACT Services	*12	56%	Yes	4
18. Successful transition/discharge from inpatient psychiatric facility	*12	85%	No	7

\* Individuals not applicable to the quality indicator were excluded from scoring.

## ***I. Background***

In 2014, the State of New Hampshire, the United States Department of Justice, and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to ensure that: 1) to the extent the State offers services, programs, and activities to qualified individuals with disabilities, such services, programs, and activities will be provided in the most integrated setting appropriate to meet their needs; 2) equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities is assured; 3) existing community-based services described in the Agreement are offered in accordance with the individualized transition process as set forth in the Agreement; 4) individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare; and 5) all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

The CMHA Section VII requires the State to develop and implement a quality assurance and performance improvement system, emphasizing the use of individual-level outcome tools and measures, to ensure that existing community-based services described in the Agreement are offered in accordance with the provisions and outcomes set forth above. As part of that system, the State is required to conduct annual Quality Service Reviews (QSRs). Through the QSR process, the State collects and analyzes data to: identify strengths and areas for improvement at the individual, provider and system-wide levels; identify gaps, weaknesses, and areas of highest demand; provide information for comprehensive planning, administration and resource-targeting; and consider whether additional community-based services and supports are necessary to ensure individuals have opportunities to receive services in the most integrated settings. The QSR process framework is based on a continuous quality improvement model of assessment, measurement, analysis, improvement, and sustainment in partnership with the State's Community Mental Health Centers (CMHCs).



## ***II. Purpose***

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a QSR process in consultation with representatives of the plaintiffs and the Expert Reviewer to evaluate the quality of the services and supports provided by the CMHCs within the following substantive provisions set forth in the CMHA: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions/discharges from inpatient psychiatric facilities. Specifically, the CMHC QSR evaluates: 1) the adequacy of assessments, such that individual's needs and strengths are properly identified; 2) the appropriateness of treatment planning, including interventions that are appropriately customized to achieve the individual's goals; 3) the adequacy of individual service delivery such that the intensity, frequency, and duration of service provision, and its sufficiency, meet the individual's changing needs; and 4) the effectiveness of services provided.

The QSR also evaluates the CMHCs' achievement of the intended CMHA outcomes: 1) provide services, programs, and activities in the most integrated setting appropriate to meet an individual's needs; 2) assure equality of opportunity, full participation, independent living, and economic self-sufficiency of individuals; and 3) ensure individuals are provided with services/supports they need to ensure their health, safety, and welfare; and 4) ensure that services provided to individuals are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

Achievement of the CMHA provisions and outcomes by the CMHC is determined based on an assessment of the data gathered by the QSR process, including narrative provided by individuals and staff, and relevant findings from ACT fidelity reviews, SE fidelity reviews, CMHA quarterly reports, BMHS contract monitoring info, and DHHS databases. The QSR data serves as a basis for the identification of areas in need of improvement and the formulation of a Quality Improvement Plan (QIP) by the CMHC toward incremental and continuous improvement over time.

### ***III. QSR Process Overview***

The CMHC QSR process includes a number of tasks performed by DHHS and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Both parties complete prerequisite tasks and forms prior to the on-site portion of the QSR. The clinical record review occurs remotely at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC. During the on-site period, daily meetings are held with QSR reviewers to ensure consistent practice and inter-rater reliability, and to seek assistance from the CMHC staff if needed. During the post-on-site period, follow-up tasks required of the CMHC are completed and OQAI commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement target(s).

### ***IV. QSR Methodology***

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using four standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), the Staff Interview Instrument (SII), and the Overall Client Review (OCR). See Appendix 1: List of CMHC QSR Instruments for a description of the instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports; Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission

Transition/Discharge, as defined by 18 quality indicators and 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

### **Sample Size and Composition**

The CMHC QSR sample is randomly selected and consists of at least 20 individuals eligible for services based on the category of Severe Mental Illness (SMI) or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Information gathered during the site review may result in an individual being re-assigned to a different sample category, resulting in a change in the final number of individuals for each category.

For each individual, the CMHC identifies a staff member to be interviewed who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC, and the activities that he/she participates in outside of the CMHC.

### **Data Sources**

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to individuals. Data collected specifically for the purpose of this evaluation is collected through in-depth interviews with individuals and staff, reviews of clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." CMHC staff is given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than "no evidence."

## Scoring

The CMHC QSR scoring framework includes 18 quality indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a “YES.” The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of that indicator. For example, in order for an assessment to be considered adequate (Quality Indicator 1) the assessment must identify the individual’s needs and preferences (performance measure 1a), identify an individual’s strengths (performance measure 1b), and include face-to-face contact with the individual during the information gathering process (performance measure 1c).

Performance measures are scored as “YES” (positive) or “NO” (negative) based on the data collected from the four QSR instruments. Quality indicators are scored at the individual level and the CMHC level. A quality indicator is scored at the individual level based on the percent of performance measures associated with that quality indicator that were scored as “YES.” The CMHC level score is based on the average of the total individual level scores for that quality indicator.

For example, Quality Indicator 1 consists of Measures 1a, 1b, 1c, and 1d. If an individual received a score of “YES” for three of the four performance measures, the score for Quality Indicator 1 at the individual level would be 75%. If the total of all six individual level scores for Quality Indicator 1 is 475, the CMHC level score for Quality Indicator 1 would be 79% (see Appendix 2: Quality Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during the interview process, and the assessment information provided by the QSR Reviewers in the Overall Client Review (see Appendix 3: CMHC QSR Abbreviated Master Instrument). In some

cases, the individual's response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

The scoring of the quality indicators excludes data from individuals who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the individual, therefore the number of individuals scored for any given measure may vary. For example, individuals who were not interested in receiving employment services or supports during the review period will not have a score for Quality Indicator 10: Adequacy of individual employment service delivery. Individuals who are not currently receiving ACT services will not have a score for Quality Indicator 17: Implementation of High Fidelity ACT Services.

A number of quality indicators also include measures derived from the OCR. The answers to the OCR questions represent performance measures used in the scoring of seven applicable Quality Indicators, e.g., OCR Q1 "Is the frequency and intensity of services consistent with the individual's demonstrated need?" is a measure within Quality Indicator 3: Adequacy of Individual Service Delivery (see Appendix 3: Abbreviated Master), and is incorporated into the scoring protocol for the relevant quality indicator(s).

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC's compliance with the CMHA substantive provisions (see CMHA Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of "YES" measures (those that are positive) within a domain is calculated, then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

- Assessments, Treatment Planning and Service Delivery: Quality Indicators 1, 2, and 3;
- Housing Services and Supports: Quality Indicators 4, 5, 6, and 7;
- Employment Services and Supports: Quality Indicators 8, 9, and 10;
- Community Integration, Choice, and Social Supports: Quality Indicators 11 and 12;

Crisis Services and Supports: Quality Indicators 13, 14, and 15;

ACT Services: Quality Indicators 16, and 17; and

Transition/Discharge from an Inpatient Psychiatric Admission: Quality Indicator 18.

## **QSR Findings and Conclusions**

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the quality indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data to explain instances such as differences between individuals receiving ACT and those not receiving ACT, particularly low scoring measures within a Quality Indicator, and outlier data. Conclusions include an assessment of the CMHC's achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, ACT Fidelity Reviews, SE Fidelity Reviews, and additional data from DHHS databases and BMHS contract monitoring, where applicable.

## **Quality Improvement Plan and Monitoring**

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for OQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, representatives of the plaintiffs, and the Expert Reviewer, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any Quality Indicator identified as an area in need of improvement. That threshold is any quality indicator scoring less than 70% for SFY 18, less than 75% for SFY19, and less than 80% for SFY20. The CMHC has 30 calendar days to submit a QIP to DHHS for review by the BMHS Director and the OQAI Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director or designee. DHHS monitors the achievement of the CMHC's QIP through standardized progress reports submitted by the CMHC to BMHS and OQAI each quarter. BMHS and OQAI will provide feedback and any needed technical assistance to the CMHC during the improvement period. CMHCs are

expected to make incremental improvement each year toward an improvement target of 80% or greater.

## ***V. Greater Nashua Mental Health Center QSR Findings***

### **Greater Nashua Mental Health Center Overview**

The GNMHC QSR was conducted at the GNMHC office in Nashua, NH. Additional information about GNMHC is found in Appendix 4: Agency Overview. Two hundred and thirty-three GNMHC individuals met the QSR sample criteria. Twenty-two eligible individuals were drawn from this pool at random to be interviewed, however only 18 individual interviews were completed. Table 2 shows the distribution of individuals by the four sample categories.

**Table 2: Number of Individuals by Category**

<b>CATEGORY</b>	<b>FULL SAMPLE</b>		<b>INDIVIDUALS INTERVIEWED</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
ACT/IPA	28	12%	7	39%
ACT/NO IPA	60	26%	5	28%
NO ACT/IPA	10	4%	6	33%
NO ACT/NO IPA	135	58%	0	0%
<b>Total</b>	<b>233</b>	<b>100%</b>	<b>18</b>	<b>100%</b>

The GNMHC QSR assessment included a review of 22 clinical records, 18 individual interviews and 20 staff interviews. Table 3 shows the distribution of interview and record review activities.

**Table 3: Review Activities**

	<b>Number In Person</b>	<b>Number By Phone</b>	<b>Total</b>
Individuals Interviewed	15	3	18
Staff Interviewed	20	0	20
Clinical Records Reviewed	22	NA	22

From February 12 through February 16, 2018, five teams consisting of staff from OQAI and DBH spent the first two days of the review completing remote electronic records reviews at DHHS and then were on-site in Nashua collecting data for the remainder of the week.

Assessment data was collected for the review period of February 1, 2017 through February 11, 2018. Following the on-site review, the assessment data was scored. Analysis of the scores was then completed.

## **Greater Nashua Mental Health Center Scores**

### **ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY**

Quality Indicator 1 corresponds to CMHA section VII.D.1. GNMHC was evaluated for the adequacy of each individual's assessment and the resultant treatment planning and service delivery received. In addition to determining the CMHC's compliance with standardized assessment tools, these questions evaluate: 1) whether the screening/assessment conducted adequately considers the individual's strengths and needs, and 2) whether the treatment plans and service delivery that flow from the assessments are appropriately designed to meet the individual's needs and goals.

#### **Quality Indicator 1: Adequacy of Assessment**

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and identify the most effective strategies and supports delivered in the least restrictive environment that will help the individual achieve his/her treatment goals. An adequate assessment is complete and identifies the individual's specific needs, strengths, and preferences, and is conducted face-to-face.

Eighteen individuals were scored for Quality Indicator 1. GNMHC received a score of 93%.

Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d.

Individuals were scored as follows:

	<b>YES</b>	<b>NO</b>
<b>Measure 1a:</b> Assessments identify individual's needs and preferences	18	0
<b>Measure 1b:</b> Assessments identify individual's strengths	18	0
<b>Measure 1c:</b> Assessment information was gathered through face to face appointment(s) with the individual	14	4
<b>Measure 1d (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	17	1



## **Additional Results**

- GNMHC uses the ANSA assessment to assess individuals' needs. At least part of the assessment process was done face-to-face for 14 of the 18 individuals (SII Q2).
- Overall, one individual reviewed was observed to need additional services that were not already identified in their assessments or in their treatment plan. The individual described needing more services than what had been identified in his/her treatment plan, however had difficulty elaborating. The individual stated that since being placed on the 'Elders Team', he/she does not receive needed services that should be on his/her treatment plan. The individual described needing more staff to support his/her needs, that potentially could be met by an ACT team, for which the individual does meet the ACT criteria for services." (OCR Q3).

### **Quality Indicator 2: Appropriateness of Treatment Planning**

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual's strengths, and include treatment interventions customized to meet the individual's identified needs and help achieve their goals. Appropriate treatment planning also includes review and revision of the treatment plan on a quarterly basis, at a minimum, and whenever there is a change in the individual's needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Eighteen individuals were scored for Quality Indicator 2. GNMHC received a score of 72%.

Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
<b>Measure 2a:</b> Treatment planning is appropriately customized to meet individual's needs and goals	10	8
<b>Measure 2b:</b> Treatment planning is person-centered and strengths based	12	6
<b>Measure 2c (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	17	1

### **Additional Results**

- Individuals responded they talked with GNMHC staff regularly about their needs and goals, with responses ranging from daily to twice per year (CII Q2).
- Of the 18 clinical records reviewed, seven individuals signed their most recent ISP/treatment plan (CRR Q12).
- All 18 ISP/treatment plans included the individuals' strengths (CRR Q13); and 17 ISP/treatment plans were written in plain language (CRR Q14).
- Fourteen individuals responded staff actively work with them on their goals (CII Q5).
- Of the 18 clinical records reviewed, 11 did not have identified needs from the ANSA addressed in the case management or treatment plan (CRR Q9).
- Of the 18 clinical records reviewed, eight did not have one or more quarterly reviews completed in the past 12 months CRR Q16).
- Of the 18 individuals interviewed, 12 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Of the 18 individuals interviewed, 10 individuals indicated they were able to effectuate change to their treatment plans (CII Q8).
- Overall, one individual reviewed was observed to need additional services that were not already identified in their assessments or in their treatment plan. The individual described needing more services than what had been identified in his/her treatment plan, however had difficulty elaborating. The individual stated that since being placed on the 'Elders Team', he/she does not receive needed services that should be on his/her treatment plan. The individual described needing more staff to support his/her needs, that potentially could be met by an ACT team, for which the individual does meet the ACT criteria for services." (OCR Q3).

### **Quality Indicator 3: Adequacy of Individual Service Delivery**

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual's strengths and are delivered with the intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the

services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Eighteen individuals were scored for Quality Indicator 3. GNMHC received a score of 79%.

Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	YES	NO
<b>Measure 3a:</b> Services are delivered with the appropriate intensity, frequency, and duration	11	7
<b>Measure 3b:</b> Service delivery is flexible to meet individual's changing needs and goals	9	9
<b>Measure 3c:</b> Services are delivered in accordance with the service provision(s) on the treatment plan	15	3
<b>Measure 3d (OCR Q1):</b> Frequency and intensity of services are consistent with individual's demonstrated need	16	2
<b>Measure 3e (OCR Q3):</b> Assessments and treatment plans have adequately identified service needs, and no further services are needed	17	1
<b>Measure 3f (OCR Q5):</b> Services and supports ensure health, safety, and welfare	17	1

### **Additional Results**

- Of the 18 individuals interviewed, 11 individuals responded they were able to get all the services and supports they need to meet their current needs and achieve their goals; four individuals responded they were “somewhat” able to get all the services and supports they need to meet their current needs and achieve their goals; and three individuals responded “no,” they were not able to get all the services and supports they need to meet their current needs and achieve their goals (CII Q14). Of the seven individuals who responded “somewhat” or “no,” responses indicated that individuals were looking for additional group counseling offerings, more help from staff on developing a plan to achieve greater self-sufficiency, weight loss management, and more staff available to assist them and provide services in general (CII Q15).
- Staff acknowledged there were some services that five of the 18 individuals were not receiving at the frequency indicated in their treatment plan (SII Q6). Of those five, two individuals declined services; one individual was waiting for a supported employment referral to be completed; one individual was choosing to attend groups at the peer support

agency instead of GNMHC; and one individual was waiting for the waiting for the next group therapy cycle to begin (SII Q7).

- Overall, two individuals reviewed were observed to be not receiving services at a frequency and intensity consistent with their demonstrated needs (OCR Q1). One individual was observed to need ACT services at a different level/intensity of services than he/she was receiving from the current treatment team. One individual was in need of more individual and group therapy as well as supported employment services.
- Overall, one individual reviewed was observed to need additional services that were not already identified in their assessments or in their treatment plan. The individual described needing more services than what had been identified in his/her treatment plan, however had difficulty elaborating. The individual stated that since being placed on the ‘Elders Team’, he/she does not receive needed services that should be on his/her treatment plan. The individual described needing more staff to support his/her needs, that potentially could be met by an ACT team, for which the individual does meet the ACT criteria for services.” (OCR Q3).
- Overall, one individual reviewed was observed not to be receiving all of their needed services to ensure health, safety, and welfare (OCR Q5). It was noted that the current team assignment and level of services was not adequate to meet the individual’s needs and that a change was appropriate, including potentially being placed on ACT.

## **HOUSING SERVICES AND SUPPORTS**

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide individuals with the stability they need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act’s anti-discriminatory provision as follows: “A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities,” meaning “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.”<sup>2</sup>

An individual receives appropriate and adequate housing services when his/her housing needs are adequately assessed, services are incorporated into treatment planning as needed, and

interventions support the individual's ability to live with stability and autonomy in the least restrictive environment. Adequate housing services and supports assist the individual with acquiring, retaining, and maintaining the skills necessary to reside successfully in permanent community-based settings.

#### **Quality Indicator 4: Adequacy of Housing Assessment**

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual's housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Eighteen individuals were scored for Quality Indicator 4. GNMHC received a score of 100%.

Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
<b>Measure 4a:</b> Individual housing needs are adequately identified	18	0

#### **Additional Results**

- Fifteen individuals reviewed had identified housing needs (CRR Q21).
- Most of the identified needs were non-specific and were based on a need to monitor and refer as needed rather than actual current needs. Others were more specific to assisting with the recertification process or connecting to housing resources (CRR Q22).

#### **Quality Indicator 5: Appropriateness of Housing Treatment Planning**

Quality Indicator 5 corresponds to CMHA section VII.E.1.a. Housing treatment planning is appropriate when treatment plans include housing services and supports that are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Eighteen individuals were scored for Quality Indicator 5. GNMHC received a score of 94%.

Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
<b>Measure 5a:</b> Treatment Plans are appropriately customized to meet individual's housing needs and goals	17	1

### **Additional Results**

- Overall, individuals' goals were in alignment with the identified needs, focusing on daily living skills as well as maintaining housing. Many individuals had housing goals written in generic, non-specific language such as "monitor housing needs". Some were more specific and often focused on avoiding eviction and communicating with landlords (CRR Q25).
- Fifteen of 18 individuals had housing needs identified in either the ANSA or the case management assessment (CRR Q21). Of those 15 individuals, 14 had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24); and 14 had housing goals in alignment with their assessed housing needs (CRR Q28).

### **Quality Indicator 6: Adequacy of Individual Housing Service Delivery**

Quality Indicator 6 corresponds to CMHA section IV.B, V.E.1.a, and VII.D.1, 4. Housing service delivery is adequate when housing support services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her housing goals.

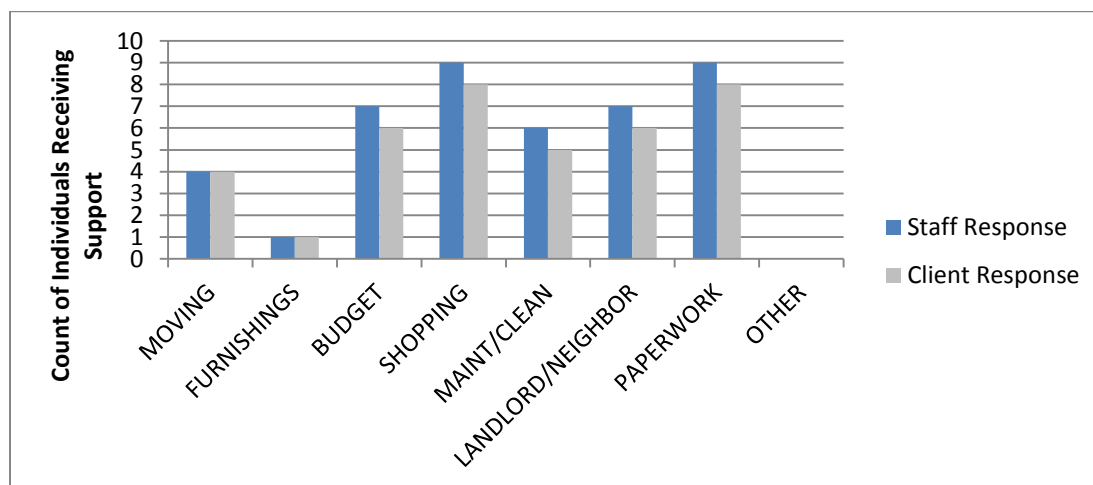
Eighteen individuals were scored for Quality Indicator 6. GNMHC received a score of 82%. Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

	YES	NO
<b>Measure 6a:</b> Housing support services are provided to with appropriate intensity, frequency, and duration to meet individual's changing needs and goals	15	2
<b>Measure 6b:</b> Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	12	6
<b>Measure 6c: (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	17	1

## **Additional Results**

- Comments from individuals regarding what else is needed to reach their housing goals included assistance in finding and securing an apartment, help reaching the Bridge program contact and landlords, help securing needed items such as furniture, and paying utilities (CII Q47).
- Overall, one individual reviewed was observed to need more frequent functional support services related to housing to avoid potential imminent homelessness (OCR Q9).
- The most common housing services received by individuals were help with shopping and help with general paperwork related of housing. There was alignment with the housing services and supports staff stated were being offered and what the individuals felt they were receiving (SII Q31, CII Q43) (see Figure 1 ).

**Figure 1: Most Common Housing Services and Supports Received**



### **Quality Indicator 7: Effectiveness of Housing Service Delivery**

Quality Indicator 7 corresponds to CMHA section VII.A. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

Eighteen individuals were scored for Quality Indicator 7. GNMHC received a score of 72%.

Quality Indicator 7 consists of Measures 7a-7e. Of the 18 individuals interviewed, six individuals were considered not applicable for Measure 7d because they did not move nor had interest in moving during the period under review. Individuals were scored as follows:

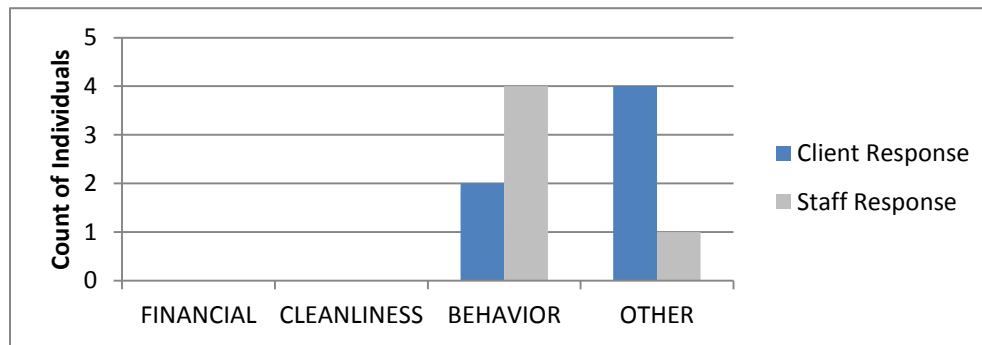
	YES	NO
<b>Measure 7a:</b> Housing supports and services enable individual to meet/progress towards identified housing goals	12	6
<b>Measure 7b:</b> Housing supports and services enable individual to maintain safe housing	14	4
<b>Measure 7c:</b> Housing supports and services enable individual to maintain stable housing	8	10
<b>Measure 7d:</b> Housing supports and services enable individual to be involved in selecting housing	9	3
<b>Measure 7e (OCR Q9):</b> Services are adequate to obtain and maintain stable housing	17	1

### **Additional Results**

- All 18 individuals are currently living in independent private residences. (CII Q 28, SII Q21).
- Three individuals responded they were homeless at some point in the past 12 months (CII Q34).
- The most common response made by individuals to the things most important to him/her when choosing a place to live was the type of neighborhood. Eleven of out 18 mentioned this as an important factor. Others mentioned wanting a place that was clean, in close proximity to stores and other places, quiet, and safe (CII Q41).
- Six individuals responded they had a safety concern related to their home or neighborhood in the past 12 months (CII Q30), with four being described as a current concern (CII Q31). Staff responded being aware of a safety concern related to housing for three of the same six individuals and for the other three individuals, staff did not feel that any of the concerns were current (SII Q23). The most common reasons for the safety concerns were people breaking into the home and stealing things.
- A total of eight unduplicated individuals were at risk of losing housing in the past 12 months based on individual and staff responses (CII Q32, SII Q25). For multiple individuals, the risk was around a landlord selling the building and not knowing if current tenants were going to be able to maintain their housing. Other risks were related to bed bug infestations, and an individual who was given an eviction notice for alleged substance misuse (CII Q33, SII Q26) (see Figure 2).

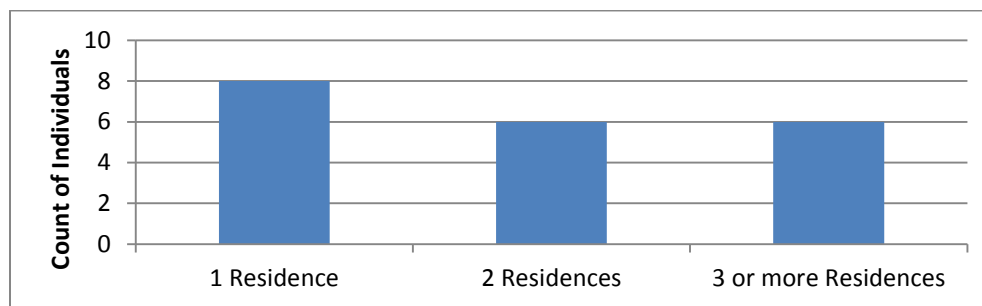


**Figure 2: Reasons for Being at Risk of Losing Housing in the Past 12 Months**



- Eleven individuals reported having lived in the same residence for the past year or more (CII Q 35) (see Figure 3).

**Figure 3: Number of Places Lived in the Past Year or More**



- Overall, one individual was found to need more frequent functional support services related to housing to avoid potential imminent homelessness (OCR Q9).

## **EMPLOYMENT SERVICES AND SUPPORTS**

Employment is a social determinant of health and increases health, wellbeing and community integration. Employment support services are designed to help an individual find and maintain competitive work in integrated settings. Supported employment, an evidence-based practice, is shown to be effective in helping individuals live independently in the community.

An individual receives appropriate and adequate employment services when he/she has been screened to determine his/her employment needs and interests, employment goals are identified and incorporated into the treatment plan, and employment services and supports are provided in a manner that helps him/her make progress toward and achieve his/her employment goals.

### **Quality Indicator 8: Adequacy of Employment Assessment/Screening**

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them identify the individual's interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to achieve the individual's employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Eighteen individuals were scored for Quality Indicator 8. GNMHC received a score of 31%. Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 18 individuals interviewed, 14 individuals were considered not applicable for Measure 8b because they were not receiving supported employment services. Measure 8b is applicable only if individuals received supported employment services two or more times in a three-month period. Individuals were scored as follows:

	YES	NO
<b>Measure 8a:</b> Individual employment needs are adequately identified	7	11
<b>Measure 8b:</b> Individual received a comprehensive assessment of employment needs and preferences when applicable	0	4

### **Additional Results**

- Eight individuals responded they had not been asked by GNMHC staff if they were interested in receiving help finding or keeping a job (CII Q54). Staff responded that six individuals had not been screened for employment needs in the past 12 months, and two staff were not sure (SII Q41).
- Of the 13 individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55), all 13 had employment needs identified in either the ANSA or the case management assessment (CRR Q33).
- Three of four individuals, who received supported employment two or more times in a three-month period, did not have a comprehensive employment assessment (vocational profile) completed (CRR Q38). The one individual who did have an

assessment/vocational profile, did not have his/her employment strengths included in the comprehensive employment assessment (CRR Q39).

### **Quality Indicator 9: Appropriateness of Employment Treatment Planning**

Quality Indicator 9 corresponds to CMHA section V.F.1. Employment treatment planning is appropriate when employment services and supports are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Thirteen individuals were scored for Quality Indicator 9. GNMHC received a score of 62%.

Quality Indicator 9 consists of Measure 9a. Of the 18 individuals interviewed, five individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or receiving employment support services per individual (CII Q55) and/or staff (SII Q44) endorsement of employment interest. Individuals were scored as follows:

	YES	NO
<b>Measure 9a:</b> Treatment plans are appropriately customized to meet individual's changing employment needs and goals	8	5

### **Additional Results**

- GNMHC offers supported employment services throughout greater Nashua. A Supported Employment Fidelity Review was completed in October 2016. The GNMHC review resulted in a score of 108 points out of a possible 125 points, or "Good Fidelity." Three areas scored low (a score of 2 or a 3 out of 5): Collaboration between employment specialist and vocational rehabilitation counselors, role of the employment supervisor, and job development-frequent employer contact.
- Thirteen individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q55); eight staff were aware of this interest (SII Q44). Of the same 13 individuals, nine had goals or plans regarding finding or keeping a job (CRR Q35, CRR Q36), as evidenced by their treatment plans and/or case management plans.
- Eleven individuals had treatment plan and/or case management plan goals in alignment with assessed needs (CRR Q42).

- Seven of the 13 individuals (CII Q59) responded that their employment needs or goals changed over the past 12 months. Of those seven, five individuals responded with information that indicated the CMHC did not help them with their changing needs and/or goals (CII Q60).
- Four individuals responded they are employed (CII Q49); of those individuals, all have competitive jobs (CII Q50), all work full-time (CII Q51), and one individual responded they he/she is interested in working more hours (CII Q53). Of the four employed individuals, three had employment goals identified on the treatment and/or case management plan (CRR Q35, CRR Q36).

### **Quality Indicator 10: Adequacy of Individualized Employment Service Delivery**

Quality Indicator 10 corresponds to CMHA section IV.B, V.F.1, VII.B.1, 4, and VII.D.4.

Employment service delivery is adequate when employment supports and services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her identified employment goals.

Fourteen individuals were scored for Quality Indicator 10. GNMHC received a score of 57%.

Quality Indicator 10 consists of Measure 10a and Measure 10b. Of the 18 individuals interviewed, five individuals were considered not applicable for Measure 10a because they reported they were not interested in employment or receiving employment support services per individual (CII Q55) and/or staff (SII Q44) endorsement of employment interest. Of the 18 individuals interviewed, eight individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q35, CRR Q36). One individual who was considered not applicable for Measure 10a, was applicable for Measure 10b as he/she had employment goals and assessed needs. Individuals were scored as follows:

	YES	NO
<b>Measure 10a:</b> Service delivery is provided with the intensity, frequency, and duration needed to meet individual's changing employment needs	9	4
<b>Measure 10b:</b> Services and supports are meeting individual's employment goals	4	6

## **Additional Results**

- Four of 14 individuals scored for Indicator 10 were currently receiving supported employment (CRR Q30). Two of those individuals had supported employment as a prescribed service on their treatment plans, and one of those two was receiving supported employment services at the frequency prescribed on the treatment plan. There were two additional individuals with supported employment prescribed on their treatment plans who were not currently receiving supported employment (CRR Q11). Notwithstanding the above findings, 10 of the 13 individuals scored for Indicator 10 had received at least some help from the CMHC related to their employment goals (CRR Q40).
- Four individuals responded they were not able to get all the employment related services they need (CII Q61).
- Three of the 10 individuals applicable for Measure 10b were employed (CII Q49), and one of those individuals was receiving supported employment services (CRR Q30).
- Two individuals responded they were not getting employment supports and services as often as they felt they needed (CII Q62).
- Two individuals reported they did not have enough supports and services to achieve their employment goals (CII Q63).
- Types of employment services provided include resume assistance, application completion, encouragement, and roleplay (CRR Q41).
- Eight of 10 individuals scored for Measure 10b had employment services and supports in alignment with their employment goals (CRR Q42).
- Staff only endorsed that five of the individuals had received any employment related supports or services in the past 12 months (SII Q52) which is low considering the 11 individuals who had evidence of receipt of employment related services or supports, the 13 individuals who were found to have an interest in employment services (CII Q55), and the nine individuals had employment related goals (CRR Q35, CRRQ36).
- Staff who endorsed individuals having received related services were asked what services had been provided and how they had helped the individual's progress towards their goals. Three out of five staff described services and supports that were in alignment with individuals' employment related goals and plans (SII Q53) Two out of five staff

described employment related services and supports that had helped the individuals progress towards their employment goals (SII Q54).

- Examples of supported employment services and supports meeting and/or providing progress toward individuals' employment goals ranged from helping individuals weigh pros and cons of employment and how they could realistic about their goals to becoming employed (SII Q54).

## **COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS**

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

### **Quality Indicator 11: Adequacy of Assessment of Social and Community Integration Needs**

Quality Indicator 11 corresponds to CMHA section VII.D.1. An assessment of the individual's social and community integration needs provides information to treatment planning team members that helps them determine whether the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Eighteen individuals were scored for Quality Indicator 11. GNMHC received a score of 100%. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	<b>YES</b>	<b>NO</b>
<b>Measure 11a:</b> Assessment identifies individual's related social and community integration needs and preferences	18	0
<b>Measure 11b:</b> Assessment identifies individual's related social and community integration strengths	18	0

## **Additional Results**

- All eighteen individuals had their social and community integration related needs and preferences assessed. A case management assessment was not available for one individual, therefore we could not determine if that individual had those needs assessed through case management (CRR Q43), however all eighteen individuals had current ANSA assessments completed, including areas related to social and community integration (CRR Q44).

### **Quality Indicator 12: Adequacy of Integration within the Community, Choice, Independence, and Social Supports**

Quality Indicator 12 corresponds to CMHA section IV.B, IV.C, VII.A, and VII.D.4. An individual is determined to have been integrated into his/her community and to have choice, increased independence, and adequate social supports when he/she has flexible services and supports to acquire and maintain his/her personal, social, and vocational competency in order to live successfully in the community.

Seventeen individuals were scored for Quality Indicator 12. One individual did not complete the interview and was therefore unable to be scored for this Indicator. GNMHC received a score of 75%. Quality Indicator 12 consists of Measures 12a-12m. Six individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c. Individuals were scored as follows:

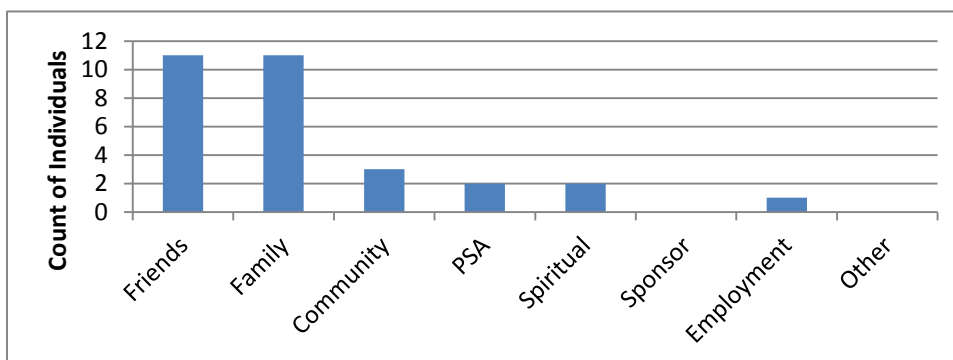
	<b>YES</b>	<b>NO</b>
<b>Measure 12a:</b> Individual is competitively employed	4	13
<b>Measure 12b:</b> Individual lives in an independent residence	17	0
<b>Measure 12c:</b> Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	10	2
<b>Measure 12d:</b> Individual is integrated in his/her community	8	9
<b>Measure 12e:</b> Individual has choice in housing	9	8

<b>Measure 12f:</b> Individual has choice in his/her treatment planning, goals and services	12	5
<b>Measure 12g:</b> Individual has the ability to manage his/her own schedule/time	14	3
<b>Measure 12h:</b> Individual spends time with peers and /or family	15	2
<b>Measure 12i:</b> Individual feels supported by those around him/her	13	4
<b>Measure 12j:</b> Efforts have been made to strengthen social supports if needed	12	4
<b>Measure 12k (OCR Q7):</b> Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	15	2
<b>Measure 12l (OCR Q11):</b> Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	15	2
<b>Measure 12m (OCR Q13):</b> Services are adequate to live in the most integrated setting	17	0

### **Additional Results**

- For Measure 12d, eight individuals responded they do not feel they are part of their community (CII Q104). The review of quarterly review documentation indicates that four individuals have people in their lives that act as a support system (CRR Q50), and 15 individuals were able to identify at least one natural support with whom they spend time; family and friends being the most frequently mentioned supports (CII Q98) (see Figure 4).

**Figure 4: Identified Natural Supports**





- Overall, two individuals reviewed were observed as needing more services or support to achieve increased independence and integration into the community (OCR Q7). One individual was very concerned about potentially becoming homeless in the near future and appeared to be getting limited support from him/her current treatment team. He/she met criteria for a more intensive treatment team that could target services towards his/her needs. Another individual was in need of more assistance with forming and building trustworthy relationships with peers (OCR Q8).
- Overall, two individuals reviewed were observed as not receiving services necessary to avoid unnecessary hospitalizations (OCR Q11). There was indication that less restrictive services could have likely avoided hospitalization at times. For one individual, hospitalization may have been avoided if additional support was provided to assist the individual in handling triggering external events. Another individual was hospitalized for approximately one month, and it was indicated prior to that hospitalization, that he/she likely qualified for and would have benefitted from a more intensive treatment team to better manage his/her symptoms (OCR Q12).
- Overall, all individuals reviewed were observed to be receiving the services necessary to live in the most integrated setting (OCR Q13). All 18 individuals interviewed were living in independent residences (CII Q28, SII Q21).

## **CRISIS SERVICES AND SUPPORTS**

Crises have a profound impact on persons living with severe mental illness<sup>3</sup>. A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed their treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least

restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

### Quality Indicator 13: Adequacy of Crisis Assessment

Quality Indicator 13 corresponds to CMHA section V.C.1. A crisis assessment/screening is adequate if the assessment was conducted in a timely manner and identifies risks to the individual, protective factors, and coping skills/interventions.

Nine individuals were scored for Quality Indicator 13. GNMHC received a score of 36%.

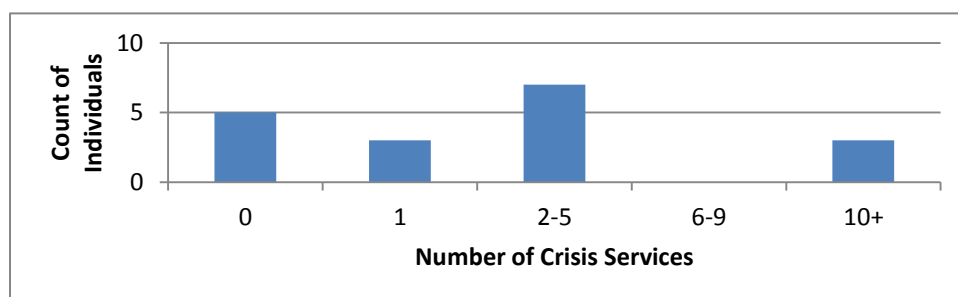
Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 18 individuals interviewed, 9 individuals were considered not applicable for Indicator 13 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the individual *and* the clinical record. Individuals were scored as follows:

	YES	NO
<b>Measure 13a:</b> Crisis assessment was timely	6	3
<b>Measure 13b:</b> Risk was assessed during crisis assessment	1	8
<b>Measure 13c:</b> Protective factors were assessed during crisis assessment	1	8
<b>Measure 13d:</b> Coping skills/interventions were identified during crisis assessment	5	4

### Additional Results

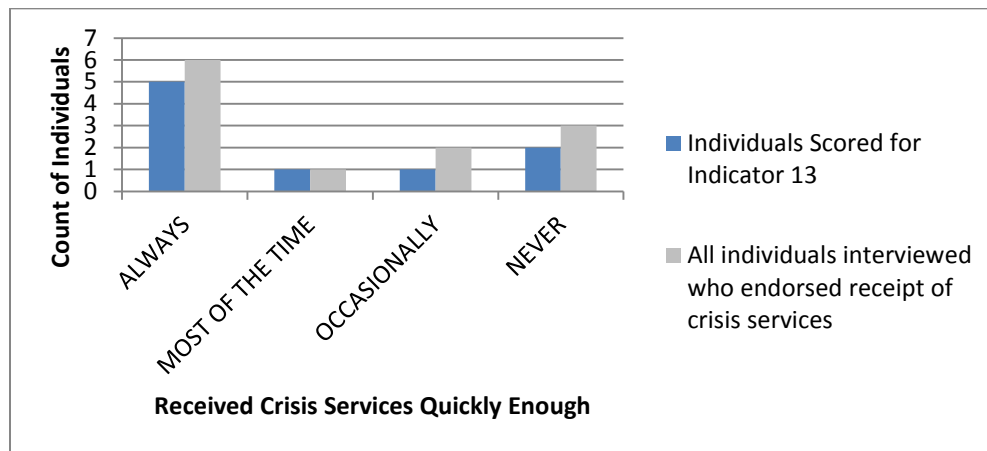
- Three individuals received 10 or more crisis services in the period under review (CRR Q58) (see Figure 5).

**Figure 5:** Crisis Services Received in Period Under Review



- Crisis notes were reviewed and eight out of nine lacked documentation that neither risk nor protective factors were assessed during those crisis interventions. Slightly higher but still low, five out of nine records indicated that a plan had been made for how the crisis was going to be managed and/or what the next steps were (CRR Q59).
- Although only nine individuals could be scored for Indicator 13, three other individuals endorsed having received crisis services during the past 12 months for a total of twelve. Figure 6 provides this additional data and compares individuals scored to all individuals and how they felt they received crisis services quickly enough (CII Q76).

**Figure 6: Crisis Services Received Quickly Enough**



#### Quality Indicator 14: Appropriateness of Crisis Plans

An appropriate crisis plan is person-centered and enables the individual to know and understand how to navigate and cope during a crisis situation.

Eighteen individuals were scored for Quality Indicator 14. GNMHC received a score of 81%.

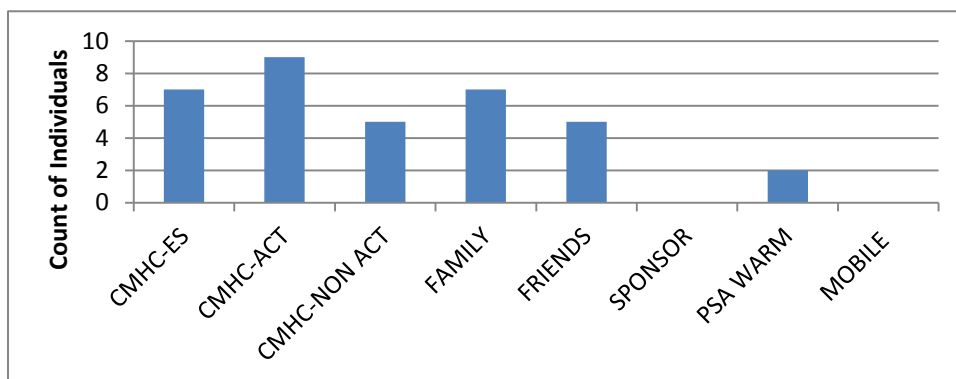
Quality Indicator 14 consists of Measure 14a and Measure 14b. Individuals were scored as follows:

	YES	NO
<b>Measure 14a:</b> Individual has a crisis plan that is person-centered	17	1
<b>Measure 14b:</b> Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	12	6

## **Additional Results**

- The most common responses reported by individuals regarding who they would call if having a mental health crisis were “CMHC staff” (Emergency Services, ACT, non-ACT) and “family” (CII Q67).

**Figure 7: Who the Individual Would Call if Having a Mental Health Crisis**



### **Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery**

Quality Indicator 15 corresponds to CMHA section V.D.2.f and V.C.1. Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

In order for an individual to be scored for Quality Indicator 15, documentation of the crisis services received by the individual during the period under review must be found in the clinical record and both the staff and the individual interviewed need to endorse that a crisis service was provided during that period.

GNMHC received a score of 75%. Quality Indicator 15 consists of Measures 15a-15e. Of the 18 individuals interviewed, 12 individuals were considered not applicable for Indicator 15 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the individual, the staff and the clinical record. Specifically, 13 clinical records had documentation of crisis services being provided. While 12 individuals endorsed receiving crisis services, only seven staff endorsed individuals

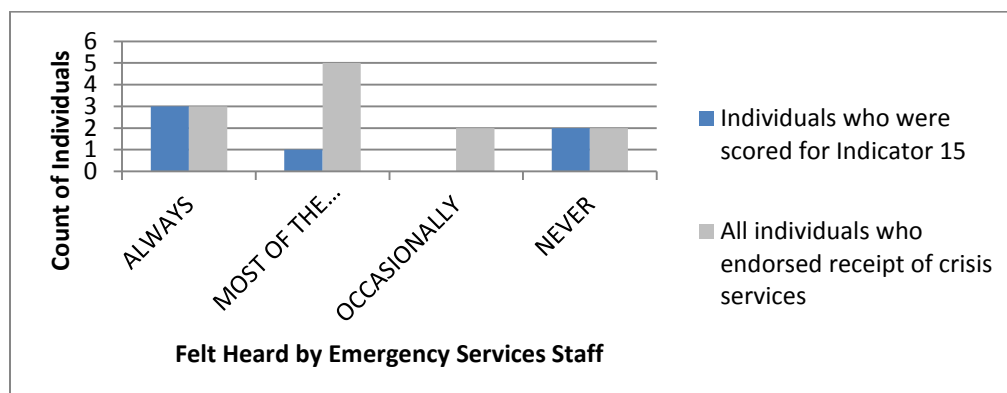
having received crisis services. When clinical documentation and endorsements were reconciled, six individuals could be scored. Individuals were scored as follows:

	YES	NO
<b>Measure 15a:</b> Communication with treatment providers during crisis episode was adequate	5	1
<b>Measure 15b:</b> Communication with individual during crisis episode was adequate	4	2
<b>Measure 15c:</b> Crisis service delivery is sufficient to stabilize individual as quickly as practicable	4	2
<b>Measure 15d:</b> Crisis interventions occur at site of the crisis (if applicable)	0	0
<b>Measure 15e:</b> Individual was assisted to return to his/her pre-crisis level of functioning	5	1

### **Additional Results**

- Of the total 13 individuals who had crisis service utilization documented in their records, five individuals accessed crisis services provided by ACT staff (CRR Q59).
- Of the total 13 individuals who had crisis service utilization documented in their records, 13 individuals remained in the home/community setting following their most recent crisis service (CRR Q59).
- Of the three individuals who had received 10 or more crisis services, one had experienced two inpatient psychiatric admissions during the period under review and two had received one inpatient psychiatric admission (CRR Q58, CRR Q71).
- Four of all individuals who endorsed receiving crisis services responded they felt heard by staff occasionally or never during their crises (CII Q73) (see Figure 8).

**Figure 8: Felt Heard During Crisis**



- For five of the six individuals scored, staff responded they received notification from a treatment provider that the individuals had utilized crisis services. All staff reported receiving that notification within 24 hours (SII Q60), and all staff responded they received all needed information regarding the crisis episode (SII Q61).
- Six of six staff responded that the crisis services helped the individual return to his/her pre-crisis level of functioning (SII Q64).
- See Table 4 for a description of data regarding individuals receiving crisis services and hospitalizations and ACT.

**Table 4: Receipt of Crisis Services, ACT and Hospitalizations**

	Number of crisis services received: 1		Number of crisis services received: 2-5		Number of crisis services received: 6-9		Number of crisis services received: 10+		TOTAL
	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	ACT	Non-ACT	
Number of individuals received crisis services during the period under review	2	1	5	2	0	0	0	3	13
Number of individuals started ACT within the past 12 months	1	N/A	1	N/A	0	N/A	0	N/A	2
Number of individuals started on ACT longer than the past 12 months	1	N/A	4	N/A	0	N/A	0	N/A	5
Number of inpatient psychiatric hospitalizations during the period under review	3	1	10	2	0	0	0	4	20

Source: QSR Clinical Record Review

## ACT SERVICES AND SUPPORTS

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with SMI or SPMI. ACT uses a multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by: (1) low individual to staff ratios, (2) providing services in the community rather than in the office, (3) shared caseloads among team members, (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies), and (6) time-unlimited services.

Due to the small and disproportionate size of the non-ACT sample, direct comparisons to the ACT sample are not made within this section of the report. Rather, data comparing individuals receiving ACT services to those not receiving ACT services is contained in Appendix 5: ACT vs. Non-ACT Indicator Scores.

### **Quality Indicator 16: Adequacy of ACT Screening**

Quality Indicator 16 corresponds to CMHA section VII.D.1. Adequate ACT screening takes place at initiation of CMHC services, during quarterly treatment plan reviews, and upon discharge from emergency room and hospital-based psychiatric treatment. Adequate ACT screening of individuals for appropriateness of services results in timely enrollment of ACT services.

Eighteen individuals were scored for Quality Indicator 16. GNMHC received a score of 78%. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
<b>Measure 16a:</b> ACT screening was completed	10	8
<b>Measure 16b:</b> Individual receives ACT services when appropriate	18	0

### **Additional Results**

- Staff indicated sufficient understanding of their internal referral process which uses a combination of the ANSA, team discussions, paper referral form and team assignment process to complete an ACT referral and acceptance (SII Q11).

- Staff indicated sufficient knowledge regarding ACT criteria and how ACT would or would not benefit the individuals based on their level of functioning, diagnosis, history of hospitalization, and other factors (SII Q13).
- Eight individuals lacked documentation of an ACT screening being completed (CPD Q11, CRR Q60). Staff knowledge of ACT criteria and the ACT referral process lends itself to the likelihood that individuals are potentially being screened on a regular basis, however the clinical records did not consistently show this.

### **Quality Indicator 17: Implementation of High Fidelity ACT Services**

Quality Indicator 17 corresponds to CMHA section V.D.2.b and V.D.2.c. ACT service delivery is adequate when ACT services are provided to the individual at the appropriate intensity, frequency, and duration; use a team approach; occur in the home and/or community; and the individual's ACT team collaborates with community providers.

Measure 17a is based on high fidelity standards: ACT teams are to have a capacity to provide high fidelity for frequency of contacts at an average of four or more contacts per week, and intensity at an average of two hours or more of contact per week. Of note, unlike traditional services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of the individuals. ACT services may be titrated when an individual needs more or fewer services.

Twelve individuals were scored for Quality Indicator 17. GNMHC received a score of 56%.

Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of the 18 individuals interviewed, six individuals were not receiving ACT services and therefore not applicable for scoring. Individuals were scored as follows:

	YES	NO
<b>Measure 17a:</b> ACT services are provided at the level of service contacts per high fidelity	5	7
<b>Measure 17b:</b> ACT services were provided using a team approach	4	8
<b>Measure 17c:</b> ACT services were provided in the home/community	6	6
<b>Measure 17d:</b> ACT team collaborates with community providers	12	0



## **Additional Results**

GNMHC has two ACT teams. A GNMHC ACT Fidelity Review of was completed in November 2017. For ACT Team One, GNMHC received a “Fair Implementation ” rating with a score of 97 out of a possible 140 points. The lowest scoring areas (scored a 1 on a 5-point scale) were: substance abuse specialist on the team; individualized substance abuse treatment; co-occurring disorder treatment groups, and roles of consumers on the ACT team.

For ACT Team Two, GNMHC received a “Fair Implementation “rating with a score of 104 out of a possible 140 points. The lowest scoring areas (scored a 1 on a 5-point scale) were: individualized substance abuse treatment; co-occurring disorder treatment groups, and roles of consumers on the ACT team.

Data from this QSR regarding the ACT services provided to 12 individuals indicates the following:

- Six of the 12 individuals had face-to-face contact with two or more different ACT Team staff during the past four complete weeks (CRR Q65).
- Three of the 12 individuals had a minimum of two hours of face-to-face contact with their ACT Team during the past four complete weeks (CRR Q66).
- Five of the 12 individuals had four or more face-to-face contacts with ACT Team staff per week during the past four complete weeks (CRR Q67).
- Nine individuals responded that they received all the ACT services they needed from their ACT Team, two individuals responded that they somewhat received all the ACT services they needed from their ACT Team, and one individual responded that they did not receive all the services they needed from their ACT Team (CII Q22).
- Eleven individuals responded they saw their ACT staff as often as they felt was needed; one individual responded they did not (CII Q26).
- Nine of the 12 individuals had 80% or more of their ACT services provided in the community (CRR Q68).

## **TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS**

Per the CMHA, VII.C.1, the state will collect information related to both successful and unsuccessful transitions process. Successful transitions are inter-related with other QSR quality

indicators regarding housing, CMHC and community supports, crisis services, and employment services. Successful transition from inpatient psychiatric care to outpatient services requires care coordination that supports health, safety, and welfare.

**Quality Indicator 18: Successful transition/discharge from an inpatient psychiatric facility**

Quality Indicator 18 corresponds to CMHA section VI.A.7. A transition is considered successful when the individual was involved in the discharge planning process, in-reach by the community mental health center occurred, the individual returned to appropriate housing, service provision has the outcome of increased community integration, coordination of care occurred, and the individual was not readmitted to an inpatient psychiatric facility within 90 days.

Twelve individuals were scored for Quality Indicator 18. GNMHC received a score of 85%.

Quality Indicator 18 consists of Measures 18a-18g. Of the 18 individuals interviewed, 12 individuals and staff confirmed/remembered an inpatient psychiatric admission occurred during the past 12 months and therefore were applicable for scoring. Individuals were scored as follows:

	YES	NO
<b>Measure 18a:</b> Individual was involved in the inpatient psychiatric facility discharge planning process	10	2
<b>Measure 18b:</b> In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	12	0
<b>Measure 18c:</b> Individual returned to appropriate housing following inpatient psychiatric discharge	9	3
<b>Measure 18d:</b> Service provision following inpatient psychiatric discharge has the outcome of increased community integration	11	1
<b>Measure 18e:</b> Coordination of care was adequate during inpatient psychiatric admission/discharge	12	0
<b>Measure 18f:</b> Absence of 90 day readmission to an inpatient psychiatric facility	7	5
<b>Measure 18g (OCR Q11):</b> Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	10	2

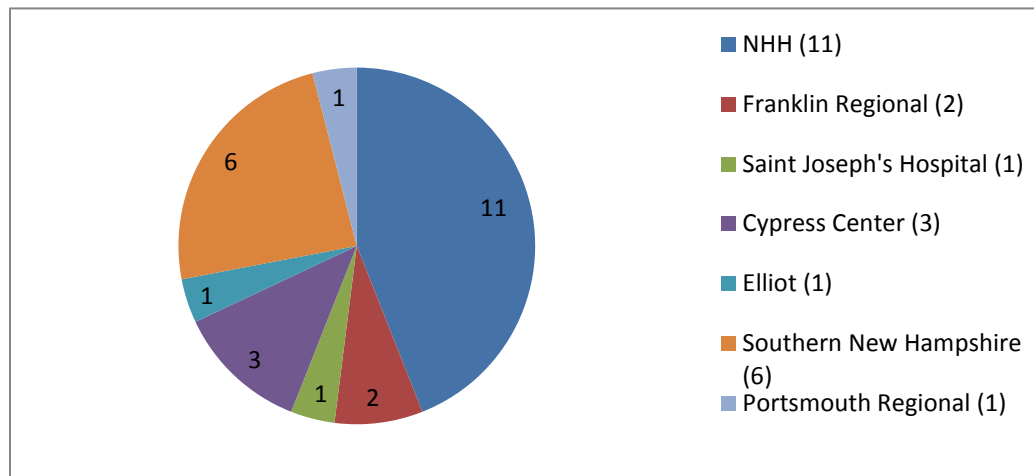
**Additional Results**

- Twenty-five inpatient admissions occurred during the period under review. Of the 12 individuals who had a psychiatric admission during the past 12 months, one individual

had five distinct admissions, three individuals had three distinct admissions, three individuals had 2 distinct admissions and five individuals had one distinct admission (CRR Q71).

- GNMHC used all five Designated Receiving Facilities (DRF) around the state to meet individuals' inpatient needs. Eleven admissions were at New Hampshire Hospital (DRF), six admissions were at Southern New Hampshire Hospital, three admissions were at Cypress Center (DRF), two admissions were at Franklin Regional Hospital (DRF), one admission was at Portsmouth Regional Hospital (DRF), one admission was at Elliot Hospital (DRF), and one admission was at Saint Joseph's Hospital (CRR Q72) (see Figure 9).

**Figure 9:** Inpatient Psychiatric Admissions



- Seven of the 12 individuals talked with a community provider about services prior to discharge (CII Q84).
- Five of the 12 individuals scored had a readmission within 90 days (CRRQ72).
- Two out of the twelve individuals felt that returning home after their discharge did not significantly disrupt their normal routine (CII Q93 and CII Q95).
- Overall, two individuals reviewed were observed to be not receiving services necessary to avoid unnecessary hospitalizations (OCR Q11). There was indication that less restrictive services could have likely avoided hospitalization at times. For one individual, hospitalization may have been avoided if additional support was provided to assist the individual in handling triggering external events. Another individual was hospitalized for

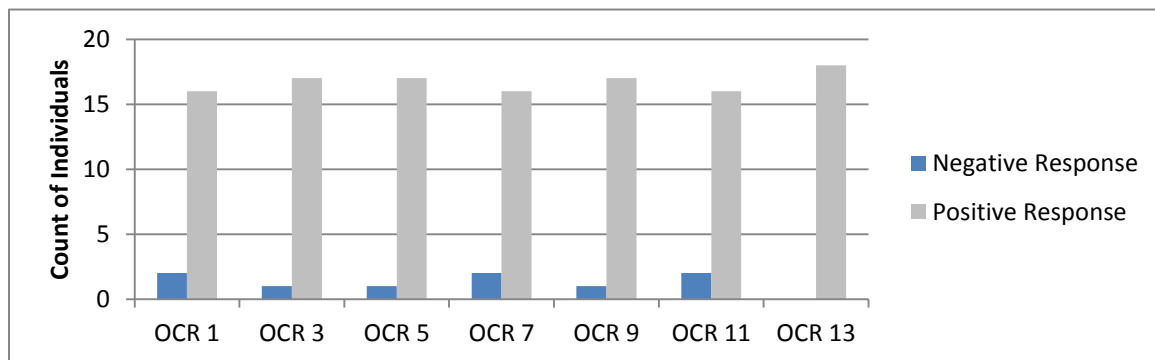
approximately one month, and it was indicated prior to that hospitalization, that he/she likely qualified for and would have benefitted from a more intensive treatment team to better manage his/her symptoms (OCR Q12).

## Overall Client Review

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 6) intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview and/or the staff interview.

Of the 18 individuals reviewed, three did not achieve one or more of the OCR outcomes (see Figure 10). Of the three individuals not achieving an OCR outcome, one individual was receiving ACT services.

**Figure 10:** Overall Client Review Results



## VI. Conclusions

New Hampshire's CMHCs provide mental health services to individuals through contract with the State. As such, compliance with certain provisions of the CMHA and achievement of identified outcomes is determined through the evaluation of the services provided by the CMHCs. The following conclusions regarding the GNMHC's achievement of the CMHA provisions and outcomes is based on the quantitative and qualitative data collected during the

QSR, ACT fidelity reviews, SE fidelity reviews, BMHS contract monitoring info, and information from DHHS databases.

## **CMHA Substantive Provisions**

### **1. Crisis Services Outcomes**

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.
  - i. **Conclusion:** GNMHC met this provision as evidenced by Measure 15e whereas five out of six individuals who received a crisis service were assisted with returning to their pre-crisis level of functioning.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
  - i. **Conclusion:** GNMHC did not meet this provision as evidenced by a score of 67% for the Crisis domain. Sixteen of 18 individuals reviewed were determined to be receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts OCR Q11.

### **2. ACT Outcomes**

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.
  - i. Compliance with Provision V.C.2 (b) is based on Quality Indicator 3, Quality Indicator 17, and the number of individuals meeting OCR Q1, OCR Q3, and OCR Q5.
  - ii. **Conclusion:** GNMHC did not meet this provision as evidenced by Quality Indicator 17. All quality indicators and data relevant to this provision include:
    - 1. For Quality Indicator 3: Adequacy of Individual Service Delivery, individuals receiving ACT services had an average score of 81%.
    - 2. For Quality Indicator 17: Implementation of High Fidelity ACT Services, GNMHC scored 56%.
    - 3. Eleven of 12 individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).

4. Twelve of 12 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).
  5. Twelve of 12 individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).
- b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.
- i. Compliance with Provision V.C.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning, Quality Indicator 5: Appropriateness of Housing Treatment Planning, Quality Indicator 6: Adequacy of Individual Housing Service Delivery, Quality Indicator 7: Effectiveness of Housing Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.
  - ii. **Conclusion:** GNMHC met this provision as evidenced by the following:
    1. Individuals receiving ACT services had a total average score of 76% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
    2. Twelve of the 12 individuals receiving ACT services received adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration in the community (OCR Q7).
    3. Twelve of the 12 individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

4. Twelve of the 12 individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).
- c. **Provision V.D.2 (f)** - ACT services de-escalate crises until the crises subside without removing the individuals from their homes and/or community programs.
    - i. **Conclusion:** GNMHC met this provision as evidenced by an average score of 71% for the Crisis domain for individuals receiving ACT services.
3. **Supported Housing Outcomes**
    - a. **Provision V.E.1** - Supported housing meets individuals' needs.
      - i. **Conclusion:** GNMHC met this provision as evidenced by a score of 94% for Quality Indicator 5: Appropriate Housing Treatment Planning and a score of 82% for Quality Indicator 6: Adequate Individual Housing Service Delivery.
    - b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.
      - i. **Conclusion:** GNMHC met this provision as evidenced by a score of 80% for the Housing domain and OCR Q9, whereas 17 of the 18 individuals reviewed received services adequate to obtain and maintain stable housing.
  4. **Supported Employment Outcomes**
    - a. **Provision V.F.1** - Provide supported employment services consistent with the Dartmouth evidence-based model.
      - i. **Conclusion:** GNMHC met this provision as evidenced by the Supported Employment Fidelity Review in October 2016.
        1. The GNMHC SE Fidelity Review resulted in a score of 108 points out of a possible 125 points, or “Good Fidelity.”
    - b. **Provision V.F.1** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.

- i. **Conclusion:** GNMHC did not meet this provision as evidenced by a score of 57% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

## 5. Family Support Programs Outcome

- a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.
  - i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region VI.
    - 1. NAMI NH provides a variety of support groups including:
      - o a Family Support Group that meets twice a month for those with an adult loved one living with mental illness in Nashua with a total membership of over 200 members;
      - o a Connection Peer Support Group for consumers that meets twice a month with approximately 16 members;
      - o a Survivor of Suicide Loss Support Group with approximately 15-20 participants; and
      - o two Facebook Support Groups, one for parents/caregivers of youth with serious emotional disturbance with a total of 286 members *across all of NH*, and one for family members with an adult loved one living with mental illness with a total of 388 members.
    - 2. NAMI NH provided a variety of educational programs including:
      - o two sessions of the Family-to-Family education program twice in Nashua, to a total of 40 participants;
      - o Parents Meeting the Challenge, delivered in eight sessions, for parents/caregivers of children/youth with serious emotional disturbance to a total of seven participants; and
      - o Side-by-Side for caregivers of older adults with behavioral health issues, to a total of 198 participants.



3. NAMI NH provided one-to-one support to a total of 21 Region VI families in 2017: five families with an adult loved one living with mental illness, and 16 families with children with serious emotional disturbance.
4. NAMI NH responded to 46 Information and Resource contacts in 2017.

## 6. Peer Support Programs Outcome

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.

- i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services H.E.A.R.T.S provided in Region VI.

1. H.E.A.R.T.S is the peer support agency serving the GNMHC catchment area with an office located in Nashua.
2. H.E.A.R.T.S has two respite beds housed in the same building as the Peer Support Agency.
3. Peer supports and services include: warm line, Wellness and Recovery Action Planning (WRAP), trauma-informed mutually responsible relationships, the power of language and moving towards your goals, recovering from addiction, creative writing women's group, men's group, yoga and nutrition.
4. In FY 2017, H.E.A.R.T.S offered the following educational events: NH Peer Support Conference, NH NAMI Conference, social security, voting, employment security, city welfare, social anxiety, community inclusion, nutrition, and disability rights.

5. For FY 2017 various H.E.A.R.T.S staff were trained in:  
Intentional Peer Support, crisis respite, and Wellness Recovery  
Action Plans.
6. For the fourth quarter in FY 2017, H.E.A.R.T.S had 510 members  
with an average daily visits rate of 31 members.

## **7. Community Integration Outcome**

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most  
integrated setting appropriate to meet needs and are sufficient to provide  
reasonable opportunities to help individuals achieve increased independence and  
gain greater integration into the community.
  - i. Compliance with Provision IV.B. and VII.A is based on Measure 7a,  
Measure 3b, Quality Indicator 12: Individual is Integrated into his/her  
Community, Has Choice, Increased Independence, and Adequate Social  
Supports; and the number of individuals meeting OCR Q7, OCR Q11, and  
OCR Q13.
  - ii. **Conclusion:** GNMHC did not meet this provision as evidenced by  
Measure 7a and Measure 3b. All quality indicators, nmeasures, and data  
relevant to this provision include:
    1. For Measure 7a, 12 of 18 individuals received housing supports  
and services to enable them to meet/progress toward their  
identified housing goals.
    2. For Measure 3b, nine of 18 individuals received services that were  
flexible to meet their changing needs and goals.
    3. For Quality Indicator 12, GNMHC scored 75%.
    4. Sixteen of the 18 individuals reviewed received adequate services  
that provide reasonable opportunities to support the individual to  
achieve increase independence and integration in the community  
(OCR Q7).
    5. Sixteen of the 18 individuals reviewed received adequate services  
to avoid harms and decrease the incidence of unnecessary hospital  
contacts and/or institutionalization (OCR Q11).

6. Eighteen of the 18 individuals reviewed received adequate services to live in the most integrated setting (OCR Q13).

## **8. Health, Safety and Welfare Outcome**

- a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.
  - i. **Conclusion:** GNMHC met this provision as evidenced by an average score of 71% for the seven domains and OCR Q5, with 17 of 18 individuals receiving all of the services and supports they need to ensure health, safety, and welfare.

## **9. Obtain and Maintain Stable Housing Outcome**

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.
  - i. **Conclusion:** GNMHC met this provision as evidenced by a score of 80% for the Housing domain.

## **10. Avoid Harms and Decrease the Incidence of Hospital Contacts and Institutionalization Outcome**

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
  - i. Compliance with Provision VII.A is based on the Crisis domain, the rate of re-hospitalizations (CRR Q72), and OCR Q11.
  - ii. **Conclusion:** GNMHC did not meet this provision as evidenced by the Crisis Domain and the rate of re-hospitalizations:
    1. For the Crisis domain, GNMHC received a score of 67%.
    2. Of the 12 individuals who experienced an inpatient psychiatric admission, five individuals were re-hospitalized within 90 days (CRR Q72).

3. Sixteen of the 18 individuals received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

## ***VII. Areas in Need of Improvement***

GNMHC scored below the 70% threshold for the following five quality indicators: Quality Indicator 8: Adequacy of employment assessment/screening, Indicator 9: Appropriateness of employment treatment planning, Indicator 10: Adequacy of individual employment service delivery, Indicator 13: Adequacy of Crisis Assessment, and Indicator 17: Implementation of High Fidelity ACT Services.

Based on the QSR assessment data, the following focus areas were identified for incremental improvements over the next year :

1. *Increase the number of individuals receiving adequate employment assessment/screening (Quality Indicator 8).*
2. *Increase the number of individuals receiving appropriate employment treatment planning (Indicator 9).*
3. *Increase the number of individuals with adequate employment service delivery (Quality Indicator 10).*
4. *Increase the number of individuals receiving adequate crisis assessment (Quality Indicator 13).*
5. *Increase the number of individuals receiving high fidelity ACT service delivery (Quality Indicator 17).*

## ***VIII. Next Steps***

Within 30 calendar days of receipt of this final report, GNMHC is to complete and submit the DHHS QIP (Quality Improvement Plan) template for review by the BMHS Administrator of Operations and the OQAI Quality Management Program Planning and Review Specialist.

## ***IX. Addendum***

GNMHC had an opportunity to review the QSR initial report and submit information for DHHS's consideration prior to this final report being issued. They submitted no further information or corrections for DHHS review.

DHHS did update and make corrections to the numbering of the appendices.

## ***References***

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2. 28 C.F.R., Part 35, Section 130 and Appendix A
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## ***Appendices***

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### **Appendix 1: List of CMHC QSR Instruments**

1. Client Profile-CMHC

A Client Profile is completed by the CMHC prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), CMHC crisis services contacts, ACT, SE, legal involvement, accommodation(s) needed, guardian status, and information for reviewers to know what will help make the interview successful.

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information on the frequency of services provided to each individual including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

The CMHC Profile is completed by the CMHC prior to the start of the on-site review portion of the QSR. The profile provides overview information that helps the QSR reviewers become familiar with the CMHC. The profile includes descriptive information about the services the CMHC offers to eligible adults and identifies evidence based services, crisis services, available community supports, general practices and staffing information.

4. Clinical Record Review (CRR)

A CRR is completed by the QSR review team, either remotely or during the on-site portion of the QSR, for each individual scheduled to be interviewed. The CRR includes domains on assessment and treatment planning, provision of services and supports, ACT, job related services, housing supports, crisis services, natural supports, and transitions from Glencliff Home or inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the on-site portion of the QSR for each individual interviewed. An individual may be accompanied by his/her guardian or someone else that the individual has indicated would be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites individuals to share additional information about their experiences at the CMHC and the services they received.

6. Staff Interview Instrument (SII)

For each individual interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites staff to share additional information regarding the CMHC and the services provided to the individual.

7. Overall Client Review (OCR)

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview and the staff interview.



## Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a										1b			1c				1d					
			Adequacy of Assessment	Assessments identify individual's needs and preferences										Assessments identify individual's strengths				Assessment information was gathered through face to face appointment(s)		Assessments and TX plans have adequately identified service needs						
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N	4Y/2N	4	2		4Y/2N	5	1	1 YES=		
			NonACT= 75%																						5 No=	
			ACT= 83%																							

### Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs and preferences.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need
3e	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual
6c	OCR Q9 Services are adequate to obtain an maintain stable housing

- 7 Effectiveness of the housing services provided (CMHA VII.A)
  - 7a Housing Supports and services enable individual to meet/progress towards identified housing goals
  - 7b Housing supports and services enable individual to maintain safe housing
  - 7c Housing supports and services enable individual to maintain stable housing
  - 7d Housing supports and services enable individual to be involved in selecting their housing
  - 7e OCR Q9 Services are adequate to obtain and maintain stable housing

#### EMPLOYMENT SERVICES AND SUPPORTS

- 8 Adequacy of employment assessment/screening (CMHA VII.D.1)
  - 8a Individual needs are adequately identified
  - 8b Individuals received a comprehensive assessment of employment needs and preferences when applicable.
- 9 Appropriateness of employment treatment planning (CMHA V.F.1)
  - 9a Treatment plans are appropriately customized to meet the individual's changing needs and goals
- 10 Adequacy of individual employment service delivery (CMHA IV.B; V.F.1; VII.B.1, 4; VII.D.4)
  - 10a Service delivery is provided with the intensity, frequency, and duration needed to meet the individual's changing needs employment needs
  - 10b Employment Services and supports are meeting individual's goals

#### COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

- 11 Adequacy of Assessment of social and community integration needs (CMHA VII.D.1)
  - 11a Assessment identifies individuals' related needs and preferences
  - 11b Assessment identifies individuals' related strengths
- 12 Individual is integrated into his/her community, has choice, increased independence, and adequate social supports (CMHA IV.B,C; VII.A; VII.D.4)
  - 12a Individual is competitively employed
  - 12b Individual lives in an independent residence
  - 12c Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility
  - 12d Individual is integrated in his/her community
  - 12e Individual has choice in housing
  - 12f Individual has choice in their treatment planning, goals and services
  - 12g Individual has the ability to manage his/her own schedule/time
  - 12h Individual spends time with peers and/or family

- 12i Individual feels supported by those around him/her
- 12j Efforts have been made to strengthen social supports if needed
- 12k OCR Q7 Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community
- 12k OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization
- 12k OCR Q13 Services are adequate to live in the most integrated setting

#### CRISIS SERVICES AND SUPPORTS

- 13 Adequacy of crisis assessment (CMHA V.C.1)
  - 13a Assessment was timely
  - 13b Risk was assessed
  - 13c Protective factors were assessed
  - 13d Coping skills/interventions were identified
- 14 Appropriateness of crisis plans (CMHA VII.D.1)
  - 14a Individual has a crisis plan that is person centered
  - 14b Individual has a knowledge and understanding of how to navigate and cope during a crisis situation
- 15 Comprehensive and effective crisis service delivery (CMHA V.D.2.f; V.C.1)
  - 15a Communication with treatment providers was adequate
  - 15b Communication with individual was adequate
  - 15c Crisis service delivery is sufficient to stabilize individual as quickly as practicable
  - 15d Crisis interventions occur at site of the crisis (if applicable)
  - 15e Individual is assisted to return to his/her pre-crisis level of functioning

#### ACT SERVICES AND SUPPORTS

- 16 Adequacy of ACT screening (CMHA VII.D.1)
  - 16a ACT screening was completed
  - 16b Individual receives ACT services when appropriate
- 17 Implementation of High Fidelity ACT Services (CMHA V.D.2.b; V.D.2.c)
  - 17a ACT Services are provided at the level of service contacts per high fidelity
  - 17b ACT services are provided using a team approach
  - 17c ACT services are provided in the home/community
  - 17d ACT team collaborates with community providers

#### IPA TRANSITION/DISCHARGE

- 18 Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7)
  - 18a Individual was involved in the discharge planning process
  - 18b There was In-reach by the community mental health center
  - 18c Individual returned to appropriate housing
  - 18d Service provision has the outcome of increased community integration
  - 18e Coordination of care
  - 18f Absence of 90 day readmission to an inpatient psychiatric facility
  - 18g OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization

## **Appendix 4: Agency Overview**

The Greater Nashua Mental Health Center (GNMHC), founded in 1920, is a private, non-profit community mental health center. GNMHC is the Community Mental Health Center for the greater Nashua Region VI, and serves 10 cities and towns across Hillsborough County.

GNMHC is approved as a Community Mental Health Program per the New Hampshire Administrative Rule He-M 403 for the period of September 1, 2017 through August 31, 2022.

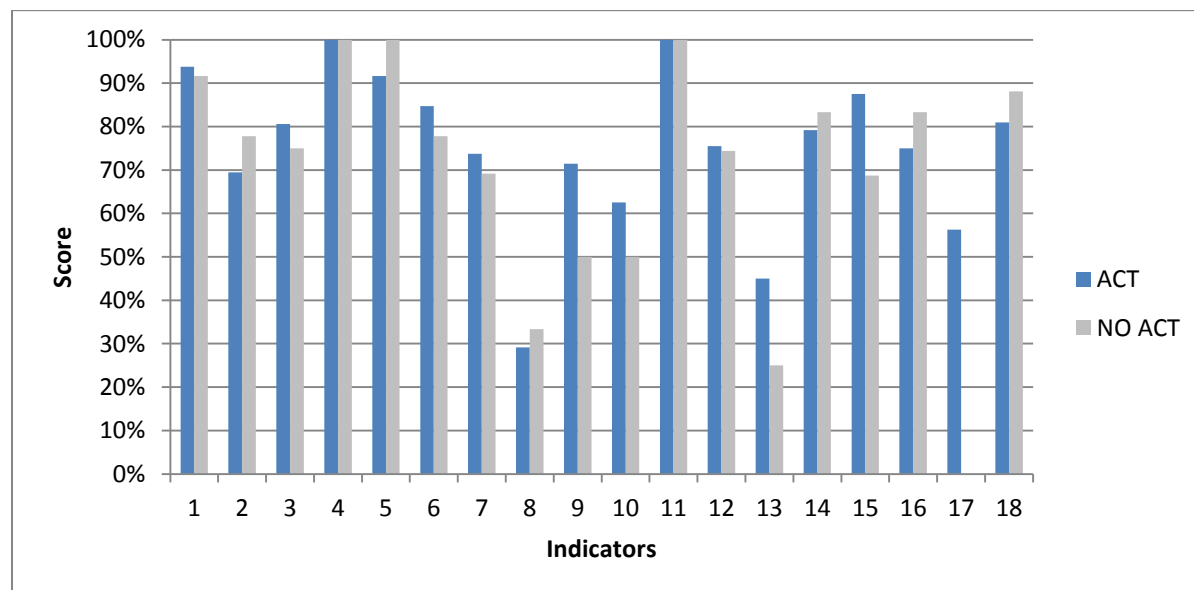
GNMHC provides comprehensive mental health services to children, adolescents, and adults and their families. These include case management, Illness Management and Recovery, Functional Support Services, Assertive Community Treatment, Supported Employment, InShape, Integrated Treatment for Co-Occurring Disorder, A Place to Live shared housing program, and a homeless outreach program. GNMHC is the provider for the Hillsborough County Southern District Drug Court. GNMHC also has a dedicated Deaf Services Team of counselors and case managers fluent in American Sign Language.

GNMHC utilizes a number of nationally recognized evidenced-based practices, including Integrated Dual Disorders Treatment (IDDT), Critical Time Intervention (CTI), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Dialectical Behavior Therapy (DBT), and New Hampshire's only First Episode Psychosis (FEP) Treatment/ Coordinate Specialty Care (CSC) Program pilot.

H.E.A.R.T.S., the area peer support agency, operates a two-bed respite program, located at its Nashua drop-in center. The closest inpatient psychiatric facility serving the GNMHC region is Southern New Hampshire Medical Center located in Nashua. In addition to its behavioral health unit, the hospital's Emergency Department has an on-site 24-hour Acute Community Crisis Evaluation Service System known as ACCESS. The GNMHC acute care services staff are available for consultation with the Emergency Services teams located at St Joseph's hospital and Southern NH Hospital.

## Appendix 5: ACT vs Non-ACT Indicator Scores

Indicator #	Total N:	Indicator	Score % and N				% difference
			ACT	ACT N	NO ACT	NO ACT N	
1	18	Adequacy of Assessment	94%	12	92%	6	2%
2	18	Appropriateness of treatment planning	69%	12	78%	6	-8%
3	18	Adequacy of individual service delivery	81%	12	75%	6	6%
4	18	Adequacy of Housing Assessment	100%	12	100%	6	0%
5	18	Appropriate of Housing Treatment Plan	92%	12	100%	6	-8%
6	18	Adequacy of individual housing service delivery	85%	12	78%	6	7%
7	18	Effectiveness of Housing supports provided	74%	12	69%	6	5%
8	18	Adequacy of employment assessment/screening	29%	12	33%	6	-4%
9	13	Appropriateness of employment treatment planning	71%	7	50%	6	21%
10	14	Adequacy of individual employment service delivery	63%	8	50%	6	13%
11	18	Adequacy of Assessment of social and community integration	100%	12	100%	6	0%
12	17	Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	75%	11	74%	6	1%
13	9	Adequacy of Crisis Assessment	45%	5	25%	4	20%
14	18	Appropriateness of crisis plans	79%	12	83%	6	-4%
15	6	Comprehensive and effective crisis service delivery	88%	2	69%	4	N/A
16	18	Adequacy of ACT Screening	75%	12	83%	6	-8%
17	12	Implementation of High Fidelity ACT Services	56%	12	N/A		N/A
18	12	Successful transition/discharge from the inpatient psychiatric	81%	6	88%	6	-7%



## Appendix 6: Overall Client Review (OCR)

### OVERALL CLIENT REVIEW (OCR)

The following 14 questions and responses are intended to capture an overall evaluation of whether the services received by the individual adequately allow him/her to meet the overall outcomes set forth in the CMHA. The intention is also to provide suggestions and feedback on what additional services or resources would help the individual to meet those outcomes.

Take into consideration all information gathered from interviews and the record review when completing the Overall Client Review.

OCR Q1 Is the frequency and intensity of services consistent with the individual's demonstrated need? Yes or No.

☐ If YES, Skip to OCR Q3

OCR Q2 What is not consistent with the individual's demonstrated need?

OCR Q3 Are there additional services (including changes in intensity, frequency, or duration) the individual needs that have not been identified in assessments or on the treatment plan? Yes or No.

☐ If NO, Skip to OCR Q5

OCR Q4 What additional services are needed?

OCR Q5 Is the individual receiving all of the services and supports he/she needs to ensure health, safety, and welfare? Yes or No.

☐ If YES, Skip to OCR Q7

OCR Q6 What additional services are needed?

OCR Q7 Is the individual receiving adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration into the community? Yes or No.

☐ If YES, Skip to OCR Q9

OCR Q8 What additional services are needed?

OCR Q9 Is the individual receiving adequate services to obtain and maintain stable housing? Yes or No.

☐ If YES, Skip to OCR Q11

OCR Q10 What additional services are needed?

OCR Q11 Is the individual receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization?

☐ If YES, Skip to OCR Q13

OCR Q12 What additional services are needed?

OCR Q13 Is the individual receiving adequate services to live in the most integrated setting?

☐ If YES, Skip to OCR Completion Box

OCR Q14 What additional services are needed?

GNMHC QSR FEBRUARY 2018